THE

MEDICAL AND SURGICAL REPORTER.

No. 659.] PHILADELPHIA, OCTOBER 16, 1869. [Vol. XXI.—No. 16.

Original Department.

Communications.

SPECIMENS IN THE ARMY MEDICAL MUSEUM.

By J. G. F. Holston, M. D.,
Of Washington, D. C.

History of Specimen No. 1020—*Containing almost the entire Uterus, with a large Fibrous Tumor Developed in its Posterior Wall and Fundus, removed by Operation, together with the Ovaries, also in a Diseased Condition.*

Sister Philomena O. S. D., aged 43 years, had, five years ago, an attack of acute dysentery, accompanied with extreme tormina and retention of urine, for which the catheter had to be employed for weeks. Soon after a protrusion was observed from the vulva, which was then, by her medical attendant, and by several other physicians, subsequently, supposed to be the prolapsed uterus. It was easily returned, but could not be retained, by any contrivance the patient could bear, so that habitually it hung between the thighs, to the extent of four inches. Menstruation somewhat irregular, and often in excess, was always discharged from the perfectly natural os tincæ, at the extremity of the protrusion. Extreme attention to cleanliness kept the protrusion from getting sore.

Somewhat over two years previous to this date, some of the sisters and scholars observed a marked alteration in sister P's form, which she herself had not previously noticed, but upon examining herself she found a swelling proceeding from the right groin and extending upward. This was perfectly moveable, rolled over on turning to the left, could be elevated and depressed with ease, gave no pain on handling, and never struck her as being any way connected with the prolapse. Her general health after recovering from the dysentery, was moderately good. Sister P. sent for me, in the early part of July, 1869, and having received the above history, I proceeded to a careful examination.

The patient, apparently in good general health, weighs probably near 200 lbs., quite adipose. The protrusion was found as described, and presented in appearance and size the virgin uterus, somewhat atrophied, covered by the vagina; the fingers could be clasped above and encountered, through the mucus wall, only a cord of somewhat hard consistence. The uterine sound entered about two and a quarter inches. The protrusion considered by me, as well as my predecessors, as the uterus, was now returned, the patient lying on her back with the knees drawn up, and remained within the vagina during the subsequent steps of the examination. The abdomen was now uncovered and presented the appearance of the last term of pregnancy. A tumor was discovered, reaching almost to the sternum, globular, insensible, quite moveable in every direction. Percussion gave the clear resonance of the intestines, above and on each side, the hand could be pressed considerably *under* the tumor, so that it could be elevated with ease from the pubis. The tumor itself gave an *obscure* sensation of fluctuation. The obscurity being ascribed to the thick abdominal covering of fat and the thickness of the cyst. The finger being introduced per vaginam, encountered nothing of the tumor, nor was any motion imparted to the cervix on rolling or elevating the swelling. The uterine sound was introduced as before, and about the same distance, the uterus could be apparently freely moved by it, while no motion of the tumor communicated the slightest motion to the long handle of the sound, external to the

vagina. The conclusion was irresistable that here was an unilocular ovarian-tumor, unattached and most favorable for removal, and sister P., as well as the sister who had all the time been present, were so informed, but at the same time a consultation requested, which, however, from that excessive delicacy often found among nuns was declined, and the case placed totally in my charge. Soon after her next menstrual period I called again, and found the same state of things. With great difficulty I now obtained permission to call in the former medical attendant, who, however, was absent and only called after I had left, and gave no opinion and politely declined assisting at the operation, on the plea of urgent private practise. Contrary to my advice the patient was removed to Providence hospital, instead of being left at her quiet convent home. She had a dose of oil in the evening, and enema the following morning. I operated next day, assisted by a number of prominent physicians of this city.

Operation.—A full history of the case having been given the assistants, the patient was placed in the usual position for ovariotomy—I standing between her limbs. The protrusions had been previously reduced and retained by a Meig's ring pessary. A superficial examination having been made by the assistant physicians, after she was under the influence of chloroform, I first inserted the catheter to empty the bladder, and then opened the abdomen by an incision in the linea alba about four inches in length, penetrating through a layer of one fourth inch thickness of fat and exposed the tumor, which presented the usual appearance of an ovarian tumor. Examination proved it perfectly free from adhesion, and quite moveable, and as yet there had been no misgiving as to its nature. I now passed a large curved needle, armed with a thick cord, so as to have control of the tumor. Here the first indication of evil appeared. I was sensible that I had not fully penetrated to the interior, but a copious flow of mucus, strongly mixed with venous blood, followed. The principal surgeon present remarked, "the cyst is very thick;" to which I replied, "I fear we have a solid tumor"—fluctuation, however, still apparently present, I plunged in a large curved trocar, to the depth of one and a half inches; but neither blood nor any fluid followed. The opening proving insufficient for the exit of the tumor, was enlarged to above the umbilicus. By now drawing on the cord, and pressing the base of the tumor down, it popped out readily, and was followed by the whole mass of the lesser intestines; the two gentlemen stationed at each side with flannel compresses being unable to retain them. The error in diagnosis was now clear enough. It was the uterus I was dealing with. The organ being already wounded, I deemed extirpation the safer course, and as the ovaries both presented hydatiform, degeneration proposed to include them, to which all present assented. The removal was easy enough. The neck of the uterus was enormously elongated, so as to constitute a thin pedicle, the ovarian and fallopian tubes lying close by its side. The part in the vagina was now found to be the elongated and hypertrophied neck of the uterus, including the bulb; and now that the uterus was tilted forward, the sound could be introduced, *with some difficulty*, two and a half inches further than before, when it was partially tilted back. The pedicle formed of the cervix, at the inner os, and a portion of the ligaments, were now embraced in the common ovariotomy clamps, and screwed down into a very slender compass, and all beyond the clamp removed; for security, an additional double ligature was passed below the clamp. There was no bleeding. The intestines, with some difficulty were reduced, the cavity cleansed, and the wound closed, with silver and silk sutures, the clamp lying across the lower part of the incision without much traction. Charpie, moistened in solution of carbolic acid, was applied over the clamp and lower part of the wound, broad adhesive straps between the stitches, and a flannel bandage pinned over all. She was placed in bed at 12 M., the 28th of July; the operation having lasted three quarters of an hour. She was placed on her back, her shoulders a little elevated, and her knees bent, and supported by hard cushions. She recovered well from the chloroform, was free of pain, and only complained slightly of the pressure of the clamp. Examination per vaginam, proved the cavity intact, and still conveyed the feeling of the uterus in situ. She seemed to have suffered little shock; was cheerful and strong; I directed absolute quiet, little lumps of ice when desired; opium, p. r. n.

6. P. M.—The house surgeon having failed to introduce the catheter, I was sent for, and introduced the instrument without trouble; the only difficulty existing, being a flattening of the urethra against the pubis. Drew 8 ℥ of

healthy urine, which quite relieved her. Pulse, 84; thermometer, 97. Tongue clean, surface cool, mind cheerful; no thirst or desire for food. Not expecting to see her again till morning, left the catheter in the urethra, placed a thick cloth under it, which I strongly charged the attendants to change when saturated.

30. 8 A. M.—Pulse regular, and 84; thermometer, 97¼; tongue clean, mind cheerful; complains no more of the clamp; has taken only two bits of ice; but (I am still distressed as I write), the cloths had not been changed, and she almost floated up to the neck in a puddle of sharp urine. She could not possibly be left in *that* condition, so with great caution the wet clothes were removed, and dry substituted—this was the turning point; when done she was evidently weaker.

12 M.—Pulse, 120; thermometer, 99½; tongue clean, intellect clear. Regurgitates the water from the ice as soon as warm, without proper vomiting. Has undoubtedly suffered secondary shock. I again applied the catheter, now armed with a rubber tube, to conduct the urine out of the bed; drew near a pint of urine, which continued to be discharged by the tube.

6 P. M.—Much the same; but thermometer had fallen to 96; urine flowing through tube. Regurgitation continues; no pain.

11 P. M.—Same, but feebler; ordered injections of beef tea and brandy; also, try to give beef tea by the mouth, if retained.

30. 8 A. M.—Had been restless during the night, and for about two hours suffered severe pain, for which she requested me, or the house-surgeon (who does not sleep in the establishment) to be sent for, which was not done. Has *not* received an enema; pulse feeble and uncertain; thermometer, 104½; tongue clean, intellect clear; regurgitates everything, but retained enema of beef tea and brandy given by *myself*. According to promise, I now informed her that she was in imminent danger of death, so that she might have the last consolations of the church, which were accordingly given, without making her state worse.

1 P. M.—Pulse intermittent; extremities cold to elbow and knees; tongue clean and cold; intellect perfect, spoke strong; warm applications—without result. Evidently dying. Took leave of her, with a cheerful greeting on her part. Died at 6 P. M., having for the last hour gradually become drowsy. No post mortem allowed, though the wound was closed, and the pedicle had contracted; solid adhesions to the parietes of abdomen.

The case would undoubtly have recovered, had it not been for the errors in the after care.

The morning after the operation, she was in so pleasant a state (urine excepted) that an experienced surgeon expressed his astonishment at her good condition, and said, he made no doubt of her recovery.

Errors of diagnosis in abdominal surgery have been, unfortunately, quite common, and constitute a formidable drawback in this class of operations. Myself, on a former occasion, assisted by a learned and skillful medical gentleman of your city, and others, was obliged to leave unfinished an ovarian operation, because, in addition to the very large cyst, correctly diagnosed, filled with the usual brownish, glutinous fluid—there was a semi-solid mass of encephaloid character, probably filling the whole upper part of the pelvis, adhering all around, and appearing, as if cast into it. Patient died the fourth day. *A. Courty, Maladies de L'Uterus et ses annexes*, gives a long list of such errors, placing no less than eight to the share of one distinguished American surgeon.

Spencer Wells, on "Diseases of the Ovaries," first vol., page 350, et sup., gives five cases of extirpation of the uterus, of which only the last is pretended to be upon a clear, well-founded diagnosis, and the first on an absolute error, in which also Mr. Clay participated.

Refer also to Clay's list of errors, given in Hewit on "Diseases of Women," page 537.

Nay, there is in the Army Medical Museum a preparation of an "extra uterine pregnancy" (No. 795), extirpated as an ovarian tumor, by a most distinguished surgeon, and the error not discovered till *after removal*. On incision, a stout four to five months old fœtus, scarcely dead, with appendages, was found. The mere enumeration of errors can, however, be of little use, unless the particular source of that error were pointed out for the future guidance of ourselves and others; this has been much neglected.

In the case above narrated, it is evident to me that had I, notwithstanding the large concurrence of signs and symptoms well calculated to deceive, added one other means of diagnosis, the error would have been avoided; examine the patient resting on her knees and breast by means of the sound and the finger in the rectum. Her extreme delicacy and my

full persuasion caused me to neglect this most important means. Had I done so, the sound would have entered five or six inches, and by its moving perfectly with the tumor, disclosed its character. This would also have clearly pointed out the nature of the prolapse, namely, elongated hypertrophy of the neck of the uterus, so well described by P. C. HUGUIER —*Memoire sur les Allongements hypertrophiques*, Paris, 1860. (Observation XIV.) So far as my view of the matter is concerned, I should still probably have operated, but would have done so in a more satisfactory manner to myself, for I am well persuaded that twenty years hence, removal of the uterus will not be looked upon as more formidable than removal of the ovary was twenty years ago. I think in all such cases the ovaries should be removed also to prevent immediate and subsequent trouble of those organs.

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE.

Sept. 27th, 1869.

RECENT MATTERS IN GYNÆCOLOGY.

BY C. D. PALMER, M. D.

(Reported by Dr. Hadlock).

A most remarkable case of amenorrhœa is reported in the *Obstetrical Journal* for May, 1869, occurring in an apparently healthy woman, who, although thirty-one years of age, had not menstruated until after the weaning of her last child, and had not had any lochial flow, although she had passed through six normal labors in a married life of eleven years.

The possibility of the uterine sound being accidentally passed along the fallopian tube into the peritoneal cavity, and its presence felt through the abdominal walls, admits of considerable plausibility, from reported cases by DUNCAN and others. Dr. Duncan has established the fact, that the cervix uteri undergoes a considerable degree of elongation from parturition.

Chlorate of Potassa still maintains its good reputation as a preventive of abortion. It is best adapted to cases of threatened abortion, depending upon disease of the placenta. Its use should be long continued, in doses of ij–xx grs., three times per day. The experiments of Davy and others proved, that when an alkaline salt was brought in contact with the blood, an arterial appearance resulted. This led Simpson to make use of this agent. The bromide of potassium is thought by some to have a good effect in the same manner. It is believed that the results obtained arise, in part, from the fact that syphilis in children is sometimes cured by the administration of these agents.

The uses of laminaria digitata and sponge, as tents, will never, perhaps, supercede each other. The former, on account of small size, is often essential to prepare the way for the operation of hysterotomy, besides, with it, any amount of dilatation necessary, exceeding even that from the sponge, can can be effected, by the union of several pieces into a bundle, tied at its lower and upper extremities. But, for the ordinary uses of tents, the sponge prepared with disinfectants, on account of producing less pain in expansion, and comparative ease of retention, is preferable.

Dr. MEADOWS, of London, recommends that vaginal suppositories be made of neutral soap and pulverized althæa root, in place of cocoa butter. He uses three parts of the former to one of the latter, and regards the materials as cleaner, more emollient, and facilitating the absorption of whatever is incorporated with them, while the vagina fully absorbs greasy articles. The medicinal agents used, and the diseases for which they are specially adapted, need scarcely be mentioned, as suppositories have of late years come into quite general use.

Ergot is a remedy which has met with but very little use in medicine, except in obstetric practice. This is to be explained in part, from the fact that scarce any physiological experimentation has been made with the drug. Brown-Sequard says that "ergot is a special stimulant of the unstriped, involuntary muscular fibres, wherever found." He observed that the vessels of the pia mater contracted under its influence. Its power over the capillaries in all parts of the body—over the heart, stomach, intestines, bladder, and uterus—is marked. It is a mistake to suppose it has no influence over the unimpregnated uterus. This physiological fact becomes, in practice, of great therapeutic value. Dr. Meadows, in a recent number of the "*Practitioner*," speaks of its remedial power in certain uterine affections as most valuable. In sub-involution, chronic subacute metritis, with hypertrophy, diseases of malnutrition, in all these being an increased vascularity of the organ, though mostly of a passive or congestive kind, liable to excessive discharges of mucus or blood, and characterized by increased bulk of tissue. In these, ergot acts beneficially, by lessening vascularity, by diminishing the calibre of the vessels, and inducing a state of tonic contraction of the uterus itself; improving the nutrition of the organ, and imparting a firmer and healthier tone. Amenorrhœa, leucorrhœa, and menorrhagia, dependent upon uterine atony, call for the administration of ergot.

The reaction against the operation of hysterotomy of late is still more marked. There can be no question that some of the advantages of the operation have been greatly overrated. That the operation

has been performed much too frequently without regard to the proper selection of cases; that cures have been reported when only temporary palliation was the result, seems to be the verdict of most in the profession who have carefully watched this subject. Routh, of the London Obstetrical Society, makes some good practical remarks concerning hysterotomy. He divides the operation into major and minor, the former being division through the os internum; the latter through the externum. It is often necessary to dilate before incising, especially if there is much constriction. Too much dilatation should not be attempted at one time (for days) for fear of some form of "itis." He objects to the use of the scissors, employed by others, because permanent interference with the circulation must result, from cuttting the cervix through and through. He recommends his own hystriotomic, which makes a bilateral incision. After which, a piece of muslin, soaked in a weak solution of carbolic acid, is introduced into the wound, and daily removed. The patient is directed to remain in bed one week, until the parts are healed; then a bougie is passed daily or bi-daily, for a period of two weeks, to prevent contraction. He selects, as the best time, that following the menses, and never performs the operation in his office. The objects the operation bears in view are—the relief of obstruction, dysmenorrhœa, sterility, and flexions. In selecting cases, special attention must be had to avoid anæmic, broken-down, rheumatic, or gouty subjects.

Scarification for inflammatory affections of the os, and intra-vaginal portion of cervix, has been long recommended and frequently practiced by the best gynæcologists, on the same principle that local deflection is resorted to for other inflammatory diseases; but it is to H. R. Storer, of Boston, that we are indebted for prominently bringing before the profession the utility of intra-uterine scarification, for chronic endo-metritis and metritis. Dr. Miller, of Dorchester, Mass., first made use of intra-uterine scarification, with an instrument of his own invention, as far back as 1863, which has been improved upon by Dr. Storer, and still more recently by Dr. Pinkham, of Lynn, Mass.

The subject of *intra-uterine injections* has met with very many animated discussions in this country and Europe; the verdict of the profession at the present time is against their use. Still, the amount of benefit to be derived from their proper administration in chronic endo-metritis with uterine catarrh is so much greater than by any other possible means of local application, by unfolding a greater extent of the diseased surface, that it is well to bear in mind the necessary precautions which should unavoidably be taken. 1. Secure full dilatation of the uterine canal, permitting the escape of the injected fluid; to this end use sponge, laminaria, or has been suggested by Dr. Kammerer of New York, the dilators of metal; 2. Let the uterine cavity be cleansed of all secretion by injections with warm water or wiping it out with cotton wrapped on a probe; 3. Let the temperature of the injected fluid be about that of the body. The quantity of the fluid (caustic) should not exceed a half drachm; much less will frequently suffice; 5. The fluid should be injected slowly and gently, drop by drop.

In the June number of the *Edinburgh Medical Journal*, Dr. Duncan speaks of "Inguinal Site of Para-Metritis Phlegmon and Abscess," an affliction far from uncommon, and whose situation is far from being definitely defined or described. It does not resemble either of the above named affections, but it it essentially an inflammation of the cellular tissue along the inguinal canal, leading sometimes to abscess, with no immobility of the uterus, no roughness or hardness within the pelvic cul de-sacs; but hardness, swelling and tenderness along the inguinal seat, following delivery—to be treated by blistering, poulticing and the knife when suppurating.

Dr. G. H. Kidd has an article in the February number, this year, of the *Dublin Quarterly*, on surgical treatment of polypoid and friboid (intra uterine) tumors. Patient being under chloroform; after having dilated the uterus with sea-tangle tents, six or eight in number, placed side by side, the length of the cavity, to the extent desired; the uterus dragged down near the vulva, with a vulsellum forceps, and the ecraseur applied.

In the treatment of *inversion of the uterus*, a good rule in recent cases is, to attempt the reduction of the part *first* which has inverted *first*; but in chronic cases, as recommended by Dubois and others, return *first* the part inverted *last*. In the former class of cases, the os is sufficiently large for the whole organ to pass through, but in the latter, it must be enlarged by the fingers at the roof of the vagina. Dr Barnes makes three longitudinal incisions into the os, so as to relax the circular fibres, and then applies taxis. Cases are now and then reported, showing that pressure, employed steadily and for a long time, is successful in reduction, when various other means fail; as, for instance, the case reported in the last number of the *Obstetrical Journal*, where the caoutchouc tampon, retained in the vagina some fourteen days, and kept continually distended to the utmost with water, succeeded, after seven failures to replace the uterus, both with hands and various instruments.

Anteflexion, says Dr. Jacobi, of New York, is congenital in a majority of cases; less than thirty per cent present any symptoms, and is normal to early life, being always present. The changes in the adult position is effected, not by changes in the organ itself, but by changes in the neighborhood. In the infant, if the bladder is empty, the uterus is anteflexed; if full, it is straight. In an adult, after the organs have grown, the uterus is kept up.

Retroflexion, never congenital, is always the result of diseases, such as tumors and adhesions, mechanically dragging the fundus out of position—or it is dependent upon uterine atony, the result of inflammatory action.

The operation of *ovariocentesis vaginalis*, says Dr. NOEGGERATH of New York, is applicable to certain cases of ovarian tumors, especially large, simple cysts, which can be reached per vaginam, behind the uterus. Adhesions when strong and extensive afford some contra-indications; still it is known that they often undergo atropic degeneration when their source of nutrition is cut off. It is known that the presence of adhesions between the cyst and the structures within the pelvis are strong objections to the operation of ovariotomy. Such, however, are favorable to this operation. Walls thick and hard afford no special barrier, since they can be cut layer by layer with the knife; even if the tumor is of the colloid form, it has met with success. When compound, secondary and tertiary cysts exist, subsequent operations are required, dependent upon the relative location of the tumors. The operation as described by Dr. Noeggerath in the *Obstetrical Journal* for May, consists in first dividing the vaginal wall behind the uterus, which is steadied and pushed toward the pubis with the sound, introducing trocar into the tumor, drawing off its contents, pulling down with a hook the edges of cyst and uniting them with silver wire sutures to the edges of t he vagina—maintaining a prominent opening—injecting solution of carbolic acid until sac is obliterated. Favorable statistics of 34 successful cases in 55 o perations are reported from various sources.

Ter-Chloride of carbon in solution, makes a valuable local application to malignant diseases of the uterus. Acting as a decided local anæsthetic. It subdues pain, suspends hemorrhage, and removes fetor.

EDITORIAL DEPARTMENT.

Periscope.

Osteo-Pathology.

We learn from the *Lancet* that Professor LANGENBECK has recently read a paper before the Berlin Medical Society on the subject of "Morbid Increase of length of the Long Bones." In this paper he has called attention to the fact that the long bones, when subject to irritation during the growing period of life, are apt to increase in length and thickness. It seems strange that in all the experiments on the subject of bone growth it never occurred to a ny one to compare the bones of the corresponding limbs. He has observed in various cases where the bone has suffered from some continued irritation—for instance, a joint inflammation, or a necrosis—that lengthening of the limb has followed. In one case, that of a little girl about nine years old, who had suffered for six years from chronic inflammation of the elbow-joint, he found, though the bones of the forearm in both limbs were of similar length, the humerus on the deceased side measured one and a half centimetres more than that on the sound. A man, fifty-six years of age, who had had disease of the tibia since he was three years old, was admitted to the clinic with carcinoma recti, for which he was operated on, but died a few days after. On comparing the bones in this case, the diseased tibia was found two centimetres longer, measuring from the nner condylet the point of the maleolus internus, and from the fro,it borders of the internal joint surface of the knee along the crista to the front border of the ankle-joint, no less than four and a half centimetres. The tibia, though generally thickened and enlarged along its entire length, showed a diminution in amount of joint surface. The fibula was two centimetres longer. In this case it appears that the fibula had grown proportionately with the tibia, but this, as Professor Langenbeck says, has been previously observed by Paget and others. From his observations he draws three conclusions, viz.:

1. Morbid causes which produce irritation, and hyperæmia of the bony tissue, have as a result, as long as the bone-growing period lasts, an increase in length, as well as in thickness of the bone.

2. The increase of length concerns principally the diseased bone, but it can also be observed in a healthy bone of the same extremity.

3. The bone lengthened through this increase of growth retains its dimensions through life. An after-shortening through resorption does not take place, even although the original cause—viz., the bone disease—should long since have ceased to exist.

He then makes the proposition,—if it be not possible to artificially regulate the growth of bone, and through that to hinder or accelerate it. With this view he made an experiment on a dog about eight weeks old, by inserting ivory pegs into the femur and tibia of the left side. About four months later, the dog was killed, and on comparing the experimented bones with those on the opposite side, he found that, "the femur showed no alteration in

shape, but the joint surfaces of both hip and knee-joints were slightly smaller, the diaphysis slightly thickened and uneven * * * * The tibia, in the diaphysis, of which two ivory pegs had been inserted, showed these changes somewhat more strongly marked * * * * On measurement, the femur and tibia both showed an increase of five millimetres in length, making in the whole limb an increase of ten millimetres." It appears from this that both bones presented elongation and thickening of the diaphysis; but the epiphysis had become somewhat smaller. Here, also, the fibula was lengthened to a corresponding extent as to the tibia, though that could only have been caused by the extension exerted on it by the growing tibia; and, what is still more remarkable, it had obtained this without losing its connection with the tibia, as took place in a case described by Parise.

Professor Langenbeck appears to think that though there might be some difficulty in persuading a patient, for instance with a shortened limb through paralysis, to submit to five or six months' lying in bed, yet this observation may be of considerable importance to orthopædic surgery, inasmuch as it may be possible, by an application of extension apparatus, to so regulate the power that the bones themselves may actually undergo an extension.

Fatty Degeneration of the Placenta.

Mr. MORGAN writes to the *Press and Circular*: The frequency of premature expulsion of the fœtus in cases of syphilitic infection has been the source of some speculation when the fœtus has arrived at such a period as to be otherwise viable. The occurrence of fatty degeneration of the placenta, so well described by Dr. BARNES as an efficient cause of defective nutrition to the fœtus, is well illustrated by the following case just now under my notice:

C. S., Ward No. 11, aged thirty-two, admitted June, 1869, has already given birth to three children at nine months, both dead born; she has been diseased twice; once about three years ago with discharge and bubo, and had a rash four years ago; has been suffering from nocturnal pain; is thin and worn, but not affected by any phthisical influence, and is pregnant, between the seventh and eighth months; the motions of the child have not been perceived. For eight or ten days, and for three days previous to her confinement, she has been complaining of weight and uneasiness. On July 26th, after a labor of about three hours duration she was delivered of a dead and slightly decomposed fœtus, the placenta, which followed directly the delivery, was very soft, pale, and rent on the slightest handling, so much so that it was difficult to keep it intact. It appeared to have suffered complete degeneration, greasing tissue paper by contact, and the tufts becoming more distinctly vascular by washing with ether.

The fœtus presented no internal evidence of disease, all the organs being healthy and well formed, corresponding to the eighth month.

The Pons Varolii the Nervous Centre of General Convulsions.

H. NOTHNAGEL (*Virchow's Archives*) arrives at the following conclusions in regard to the *nervous centre of general convulsions*, which are derived from actual experiments. The centre of general convulsions is situated in the substance of the pons. Its lower boundary is corresponding to a section at the height of the inferior border of the pons. The faculty to perform the function of a centre of spasms is to be denied to the substance of the medulla oblongata.

Finally, he endeavours to prove that the spasms are produced by way of reflex. In some instances the section of the medulla oblongata had been made below the pons, the animals remaining absolutely quiet. Again: the convulsions occurred if the section had left a portion of the pons connected with the medulla oblongata, showing the centre of action to be situated outside of the medulla.

At last the anatomical condition of the region of spasms is confirmatory to the view of reflex action. The region nearly corresponds to the situation of the gray nuclei and root-fibres of the sensitive cranial nerves. While the nuclei and roots of the motor cranial nerves are near the raphe, those of the sensitive nerves are more lateral. The root-fibres of the portio major trigemini, in particular, descend, according to Schroeder van der Kolk, through the whole length of the medulla. This anatomical condition, it must be conceded, is no direct proof of a reflex action, but it renders it admissible and plausible.

From all this it seems that the convulsions following the injury of a defined region on the floor of the fourth ventricle are to be explained as spasms induced by reflex action.

Diseases of Miners.

Dr. J. S. CARPENTER says, in the *Trans. Pa. Med. Soc*: For many years I have observed the chronic blood-poisoning, the peculiar anæmia or toxæmia, common among miners. It is to this, as the basis, that I refer the anomalous and varied nervous symptoms of these cases. In my report to the Medical Society of the State of Pennsylvania for 1865, I briefly alluded to this subject. These nervous symptoms may affect the muscular apparatus, the digestive organs, or the heart—producing dyspepsia, tremors, vertigo, palpitation, etc.—entirely independent of organic disease, yet surely sapping the foundations of life and health.

The respiratory apparatus presents us a very large percentage of cases of disease among miners. Bronchial irritations are continual—chronic bronchitis

becomes often a constitutional affection, attended by great debility. A peculiar asthmatic character of cough is generally noticed; emphysema is detected on physical exploration, and the sputa are black, often streaked with blood. Miner's asthma is chronic bronchitis, with thickening of the air-passages, emphysema and nervous distress in breathing. These chronic troubles may last a lifetime, without being rapidly fatal, or necessarily so. But acute pneumonia supervenes in many cases on some exposure, and is very apt to prove fatal. If not, a chronic softening of the lungs may occur, in other words, phthisis, which is a frequent disease among these men, and generally an incurable one.

The continuance of the effects after the patients have left this occupation is very remarkable. The black expectoration is observed for years after ceasing work in mines. I saw, a short time since, a patient suffering from chronic bronchitis, with coal-dirt sputa, who has not entered a mine for nineteen years.

A gentleman of Pottsville, under my care, is now recovering from pneumonia, with softening and abscess of the lung, who in former years was engaged in mines, but has not habitually entered them for eight years past. During his recent illness the characteristic black sputum was constant.

My experience for fifteen years as the *longevity of miners* is unfavorable. It is an ordinary observation to make in a mining village of the great disproportion of young to old men; also, of the great excess of old women over old men. Few men are found exceeding fifty-five years of age; I do not recall any who have steadily pursued this occupation. Now, in our agricultural region, this is very different. Take the region south of the Sharp Mountain range, (which divides the coal measures from the farming districts,) and we will find quite as many old men in proportion to the total population, as in any county of Pennsylvania, and no great disproportion of old women as compared with old men.

This question of longevity is a very important one. Especially when called upon to give advice in cases of life insurance, does it become physicians of this Society to give just views of the risks run in mining occupations here. The medical man must decide not only in the individual case, but be able also to give reasons for establishing general rules for guidance of these institutions when doing business in this region. The risks from accident in our mines exceed those on railroads—embracing not only the elements of danger there found, but in addition those which arise from expulsions of fire-damp, and accumulations of choke-damp in the workings.

The medical adviser will probably estimate the risks from the last sources as, at least, equal to the ordinary risks of accident from machinery.

To these must then be added the daily injury sustained or suffered from predisposing and exciting causes of disease, as elaborated above.

On a full review of the whole subject, I could not conscientiously advise any life insurance company to do business among miners, except on short periods of risks, and at large increase of percentage.

Stillingia in Syphilis.

Dr. J. C. M'Mechan, of Cincinnati, Ohio, writes to the Detroit *Review of Medicine and Pharmacy*, for February, 1869, p. 100, in praise of this drug in the treatment of syphilis.

In the *American Medical Recorder* for April, 1828 (vol. xiii, page 312), Dr. Simons recommended the use of stillingia in secondary syphilis, in place of mercury. This article, at the time, attracted considerable notice, and the drug came into popular use. Drs. Lopez and Frost also wrote in favor of its use and confirmed the views of Simons in regard to its efficacy in syphilis.

For the past few years, owing to some unaccountable reason, it has been seldom prescribed.

We have used the drug in a certain form of syphilis, and with the finest results, and have seen Dr. Dawson, Surgeon to the Cincinnati Hospital, prescribe it frequently, with the most marked effect, when other remedies had failed.

The form of syphilis in which it is most useful, is secondary, where the symptoms of tertiary are just beginning to manifest themselves, but it is also useful later in the tertiary form, in combination with iodide of potassium.

In secondary syphilis, in broken down subjects, mercury is, of course, objectionable, and if administered, cannot be carried to the point where it would have a marked effect upon the syphilitic eruption. If mercury cannot be administered, there are but few remedies left to prescribe, and the principle ones, perhaps, are sarsaparilla, and iodide of potassium. The latter remedy is very good in the tertiary form, but in the secondary, it has been found almost inert, having but very little, if any, effect upon the eruption. Sarsaparilla, at one time, had quite a reputation, and it was next to impossible for a patient to recover without its administration. It is now seldom administered, except for its moral effect, unless outside of the regular profession. Now, in primary, we have iodide of mercury (and in healthy subjects it is the proper remedy in secondary), and in tertiary, the iodide of potassium. But here is a vacancy, what is the remedy in secondary when the patient is broken down in health or when mercury has been used without effect? There is but one remedy in the materia medica that can fill the vacancy properly, and that one is stillingia. For broken down patients with the syphilitic eruption, to patients on whom mercury has had no effect, and to patients in whom the bones have become affected, and the secondary

manifestations still continue, let this remedy be given.

The best preparation of the drug is the stillingia, and of this, two grains can be given three times a day. Of course the drug is not to be relied on to the exclusion of other remedies, such as tonics, iron and supporting remedies, but it is to be used in conjunction with them.

DR. MC'MECHAN details two cases in which this remedy was given with advantage.

Dioscorea Villosa (Wild Yam.)

DR. C. T. HART, of Wisconsin, details the therapeutical value of this plant in the St. Louis *Medical Journal* as follows:

Commencing with disorders of the stomach, we will find it useful in allaying vomiting attending painful gastric irritation. In cancer of this organ, it is superior to any agent in soothing the pain, distress, and vomiting attending it. Passing into the duodenum and tracing up the common duct into its minute ramifications in the liver, we find that here too it seeks out its special affinities, and often, like magic, dissipates the pain, irritation and spasm of these tubes, which give rise to bilious colic; and by removing the obstructions and abnormal regurgitating action of the intestines, opens the way for pent-up acrid bile to resume its natural channel, and pain, vomiting and distress rapidly disappear. In no disease, probably, is any single remedy more prompt and certain in action than the dioscorea in bilious colic.

Continuing further down the intestinal tract, we find that its beneficial action is not confined to the upper portion alone, but that it grapples diseases of the lower bowel as well, when attended by the peculiar conditions—pain and spasm. Thus in tormina, the painful tenesmus of dysentery, it is prompt to give relief, and can be most advantageously combined with other remedies in treating this distressing disease.

We can also trace it to the uterus, and in that form of dysmenorrhœa dependent on spasmodic irritation of the mucous membrane of the uterine neck, it acts promptly, and is a valuable adjunct, if not in every case singly equal to the task of removing the disorder.

So too with the bladder. Dysuria, arising from irritation of the neck, yields promptly to the dioscorea, either alone, or, better, associated with other agents. Other diseases may be mentioned, but these examples are sufficient to point the physician to the general class of diseases in which this agent is indicated.

From what has been said, it would appear that the dioscorea may be classed as anodyne and antispasmodic, allaying excitement, and secondarily relaxing muscular tissues. In certain cases it will relieve pain where all preparations of opium entirely fail. This fact, together with its specific and unvarying action on certain diseased tissues, places it among our positive remedies, and renders it doubly valuable to the physician. The preparation usually used is the fluid extract, which contains very nearly, if not all, the virtues of the root, and may be relied on in the treatment of the above mentioned diseases.

Opium and Belladonna.

The antagonism of these drugs is so important to be established, that we take the following cases from the *Trans. Pa. Med. Soc.*

Three cases following are given as contributions toward the subject of the antagonism of opium and belladonna, as well as opium and stramonium. The first and second cases occurred in the practice of Dr. James S. Carpenter, of Pottsville, the third in that of Dr. Krecker, of Cressona. It is believed they will be useful as helping to give data for clinical proof of this antagonism.

CASE 1. J. M., mechanic, generally healthy, took for a cold, by mistake, a strong infusion of the leaves of stramonium. His wife was in the habit of giving him a bowl of boneset tea for his colds, and, by mistake, gave the Jamestown weed, nor was the error discovered until he became delirious and insensible.

I was called to see him an hour after he had taken the poison, and found him cold, clammy, almost pulseless, delirious, restless, wanting to get out of bed but unable to stand, with convulsive motions of the lower extremities, inability or great difficulty in swallowing, pupil dilated to the fullest extent, loss of vision, catching at his throat.

I attempted to give him emetics, but did not succeed, applied external stimulants and heat without benefit. Taking into consideration the similarity of symptoms with those of poisoning from belladonna, I resolved to administer the sulphate of morphia hypodermically. Accordingly, I injected about half a drachm of the officinal solution into both arms. In half an hour, the convulsions ceased, the delirium subsided, and he slept most of the night, and was able to take some nourishing drinks. The only trouble for some days was dysuria with some dimness of vision.

CASE 2. J. G. B., æt. sixty-five years of age, subject to rheumatic gout, took about forty drops of fluid extract of belladonna for pain in the knee. I was called to see him in two hours after taking the medicine. Found him with a cold, clammy skin, weak and thready pulse, dilated pupils, great difficulty of deglutition, comatose, and convulsed. My friend Dr. Palmer had administered emetics and other remedies without effect, and the patient seemed almost in a hopeless condition.

We gave him a teaspoonful of tr. opii every hour, until he had taken three doses, when the quantity was diminished one-half, and the intervals lengthened. After the second dose of laudanum had been

given, the convulsions ceased, the delirium lessened, and he sank gradually into a quiet sleep, the pupils contracted, the skin became warm, and all alarming symptoms subsided. The delirium continued in a mild form for twelve or fifteen hours longer; but after sleeping, with slight intermissions, all night, he awoke the next morning in his right mind.

I think there can be no doubt that his life was saved by the administration of the opium, of which he took altogether about half an ounce. Emetics, external stimulants and other appropriate treatment had been tried without benefit, before giving the opium; and the effect of the latter was so marked in alleviating the urgent symptoms, that I am satisfied that in this case the opium acted as a direct antidote to the poison of the belladonna.

CASE 3. I was called, April 2d, 1869, to see E. B., a robust male infant of three months, under the influence of an over-dose of laudanum, administered by the mother to quiet a little restlessness.

No reliable information could be obtained in reference to the quantity. The little patient was found in deep coma, the surface pale, lips and angles at alæ nasi livid, muscles relaxed, breathing slow, labored, and stertorous. The iris was strongly contracted, a veritable pin-hole pupil; the heart's action was feeble.

Gave immediately six drops of tr. belladonnæ, time, 2.45 P. M. Cold water was dashed on the surface, and sinapisms applied to the extremities, while respiration, which was at times quite feeble, was occasionally assisted artificially.

In forty minutes, the iris had become a little more relaxed, and a better color appeared on the surface. Gave five drops tr. belladonnæ. Patient continued to improve, the circulation getting better, muscular action returning, and the pupils becoming more dilated.

At 5 P. M. Dr. J. G. Kœhler arrived, and advised three drops more of tr. belladonnæ, with applications of ice to the spine. At 7 P. M. gave three drops tr. belladonnæ, and at 7.45 left the patient with the pupils of full size, the circulation and respiration good, readily roused, crying lustily.

Called next morning and found the little patient bright and lively.

The Single Flap Amputation.

Dr. CARPENTER, in the *Trans. Pa. Med. Soc.*, says. This operation has met with some success in army practice. Originated in Bellevue Hospital before the late civil war, it was first employed in the army by one of the Bellevue Hospital surgeons, Dr. Wm. Henry Church. As Medical Director of General Burnside's army, he issued instructions to the surgeons of that force, while on the North Carolina expedition, requesting them to employ the anterior flap method in amputations of the leg and thigh. The results of the practice were exceedingly satisfactory, and led to a repetition of these instructions to the medical officers of the army of the Ohio, as well as to a short article in the *American Medical Times* from the pen of Dr. Church.

In giving directions for the operation, he insists upon making the length of the flap sufficient to reach to the rear of the stump without stretching, and that the soft parts, posteriorly, to be divided by a perpendicular sweep to the bone.

The advantages claimed are, first, with regard to the wound:—

That the vessels are divided transversely (as in the circular method), and more readily secured.

That drainage is more perfect, and therefore less liability to bagging of pus exists.

That union by the first intention is more likely to occur under the above circumstances.

Second, with regard to the stump: That no tenderness can be caused by pressure upon the nerve in the face of the stump, inasmuch as it has been cut off, with the main vessels in the rear. That an unbroken surface of the normal tissues extends across the end of the bone, not liable to bruising, or to ulceration, or tearing open.

That an artificial limb can be adjusted much more satisfactorily, its pressure being exerted mainly against the anterior portion and face of the stump.

With these few remarks on the general ideas of the anterior flap operation, I will relate the history of the case, whose results can now be examined by ocular inspection.

David Llewellyn, æt. 12 years, was injured August 17, 1865, by falling under loaded cars, while they were in motion. Examination disclosed such extensive laceration of the muscles and integument, that, although no fracture existed, and the femoral artery was intact, amputation was recommended. Consent was refused by the parents, and the limb was dressed under protest, and with a full and explicit statement that mortification might be expected. This set in about the fourth day, and life was despaired of. Upon the thirteenth day after the injury, with well-formed lines of demarcation, the posterior part of the limb, as high as the middle of the thigh, being in a state of moist gangrene, it was resolved to amputate.

The parts were most favorably disposed for the anterior flap operation, the gangrene having spared much of the anterior tissues of the leg and thigh. Accordingly, assisted by Dr. James S. Carpenter, I transfixed the thigh anteriorly at its middle third, and carried the knife down close to the bone, until it nearly reached the knee, where I completed the flap. A perpendicular cut was next made posteriorly, dividing everything down to the bone, on a level with the base of the anterior flap. After removing the bone, and tying the arteries, the flap was drawn over the bone, and united posteriorly by interrupted sutures.

The progress toward cure was perfectly uninterrupted, and the results are, as may be seen, highly satisfactory.

Remarkable Case of Catalepsy of Fifty-four Day's Duration.

The *Presse Medicale Belge* narrates the following: A stout girl aged twenty, menstruating since sixteen years of age, but suffered at each period severe abdominal pain, with a scanty flow. When seventeen years of age she got a convulsive attack, which lasted eight days; since that date she frequently suffered from similar attacks, which, however, only lasted about a quarter of an hour. On the 24th of December, 1868, being accused of a theft, she threw herself into a river, from which she was soon extricated, and restored with much difficulty. She had fits of trembling, violent movements of the limbs, sighing, and distress; she attempted, when asked, to show her tongue, but could not; the pharyngeal muscles were paralysed. On the next day loss of consciousness was complete; the jerking of the limbs continued; twitching of the facial muscles; respiration very feeble; pulse rapid; urine passed involuntarily; the eyes often remained open for two or three hours without winking; the temperature was 30° R., and the pulse as high as 130. In this condition she remained seven weeks. The face was without the least expression, the eyes were open for hours, and the whole muscular system was relaxed, the limbs remaining in whatever attitude they were placed, and the mouth open till closed by the bystander. Fainting fits came on, and temperature of the body fell so as to simulate death—at one time she was absolutely thought dead. After the eighth week spent in this condition, she suddenly revived, and gradually was restored to health, and declared that she was perfectly unconscious of the immersion, and her having remained for so long a period in this insensible state.

A True Tail.

WILLIAM B. OWEN, in the *British Medical Journal*, says:

I delivered the wife of a farmer in Essex of a full grown, well developed female child. To the extremity of the spinal column of the infant was attached an appendix, which was in every respect a tail. It resembled in form and appearance that of a pig about three or four months old. It was about the length and of nearly the thickness of a little finger, tapering at the end. It was well supplied with nerves and muscles; and, as it lay at rest, it was curled up over the back, and was moved actively upon being touched. Unlike the tail described by M. Gosselin, it was not soft; but resisted the pressure of the thumb and finger just as would that of a pig. It evidently consisted of a cartilage, but was rather less hard. The mother having expressed great anxiety for its removal, I applied a silk ligature about the fifth day; this completely effected its object in about four or five days. The child was restless during that period, but in other respects did not suffer at the time from the operation. She was, however, less fortunate in the after consequences; for, although she lived to about twelve years of age, she could never walk without the aid of crutches, or without holding on to a chair. She subsequently died from hæmoptysis. The parents would not allow a post mortem examination. I presented the tail, with its history attached, to the late Mr. Bransby Cooper, who placed it in the museum of Guy's Hospital; where, I have no doubt, it may still be seen in alcohol.

Treatment of Rheumatic Fever by Perchloride of Iron.

J. RUSSELL REYNOLDS, M. D., F. R. S., London, called attention to this agent at the last meeting of the Brit. Med. Assoc. The marked effects of tincture of perchloride of iron in such diseases as erysipelas and diphtheroid sore throat had induced Dr. Reynolds to try it in acute rheumatism—which agreed with the others in coming under the class of "spreading" inflammatory affections. He had given it in eight cases, with such success as would justify a further trial. Having given brief histories of the eight cases, he directed attention to certain points. 1. The relief of the joint-affections was definite, uniform, and speedy. In four cases it was removed in one day; and the longest period of suffering after the commencement of the treatment was five days. 2. Excluding one fatal case with cerebral symptoms, and another where there was intercurrent pneumonia, the temperature became normal between the second and the seventh days; the mean duration of pyrexia being a little less than five days and a-half. 3. Excluding again the two exceptional cases already mentioned, the total duration of rheumatic fever from the outset varied from seven to fifteen days, giving a mean of ten and a-half days. 4. The earlier the iron was given, the shorter was the duration of the disease. No headache or other symptom of discomfort was produced by the iron.

Advantages of Tapping in the Treatment of Ovarian Tumors.

GEORGE SOUTHAM, Esq., Manchester, at the Brit. Med. Association, remarked that ovariotomy was now considered a legitimate operation; but, as the mortality was still very high, it ought not to be resorted to so long as the disease for which it was undertaken could be kept in check by other means, provided they did not impair the patient's general health and interfere with the success of ovariotomy. This, he believed, could be frequently effected by tapping. He gave the particulars of three cases, showing that it was sometimes followed by such favorable results, that it might be regarded almost

in the light of a curative agent. One patient was tapped in 1843, and again in 1846. On each occasion, upwards of twenty quarts of fluid were removed. After the second operation, there was no return of the disease for nineteen years. Another was tapped in the same year, six quarts of fluid being removed; she has remained in perfect health up to the present time. A third was tapped in 1865, when upwards of twenty quarts of fluid were extracted; and she also continues free from any return of the swelling. The cases were all uniocular cysts; and, as a fair proportion of ovarian tumors were of this character, he considered that, by resorting to tapping, the risk of ovariotomy might occasionally be avoided. Should tapping not prove successful, he considered that it generally placed the patient in a more favorable condition for ovariotomy. He referred to seven cases where he had performed ovariotomy subsequently to tapping, only one of which was fatal. He considered that patients submitted to ovariotomy in any early stage of the disease did not recover so favorably as those where the affection had been of longer duration; and, as tapping enabled the surgeon to delay the extirpation, he advised that it should be first resorted to, except under especial circumstances. He had found that ovariotomy in recent cases was frequently fatal from peritonitis. This, he considered, arose from the extreme sensitiveness of the peritoneum, which was lessened by the continual friction of the walls of the tumor against that membrane. He did not recommend a repetition of tappings, having found the second and third operations to be not unfrequently followed by suppuration of the cyst. He concluded by comparing tapping, as performed in former days, when it was attended with considerable danger, with the plan now adopted, which had rendered it comparatively free from risk.

Maternal Influence During Pregnancy.

The *British Medical Journal* says:

A woman during pregnancy was horrified at seeing a man whose ear had been mutilated. Her child, a girl, was born with her right ear presenting a similar appearance. This girl grew up; and her sister, whilst pregnant and during a fit of anger, called her "old one ear." She retorted, saying that she would be sorry one day for speaking of her deformity in that manner. After this, the sister felt some remorse, and feared the effect on her child, knowing how her sister's deformity arose. Her child, a boy, was born with his right ear deformed like his aunt's. The inferior portion of the pinna appears as if a large portion had been torn away, and the contraction of the cicatrix had obliterated the concha and external meatus. The parts recognisable are, an almost straight helix puckered at the lower end, a small lobule; the antitragus and tragus united; the antihelix, concha, and external meatus obliterated.

Trephining.

Baron Larrey, on presenting to the Academie des Sciences a copy of the memoir he has recently published in the *Memoires de la Societe de Chirurgie*, observes:—"The analysis of more than 160 cases of traumatic lesions of the head, a portion of which have occurred in my father's and my own practice, enables me to come to the following conclusions—viz., valuable as is the operation of trephining in the practice of surgery, it still should be reserved for well-defined cases and precise indications, and not undertaken with precipitation and in doubtful conditions, under the penalty of aggravating the accidents, and hastening a fatal termination; while the prompt and rational application of other therapeutical resources will, in the great majority of circumstances, second the marvellous efforts of nature for the cure of the most redoubtable injuries. I may also remark, as I have done many times on other questions, that such treatment, which is essentially active, substituted for the removal of a portion of the cranium, constitutes in these cases true conservative surgery (which is not to be confounded with expectation), to which I have devoted all my efforts during my career of thirty years."

Uræmic Diarrhœa.

J. Milner Fothergill, M. D., Darlington, at the Brit. Med. Assoc., alluded to the power possessed by the secreting cells of certain excretory organs of not only appropriating their own peculiar materials, but of eliminating other materials when in excess. As an example, the kidneys in some cases of jaundice excreted biliary matter; and all were aware of the capacity of the intestinal canal to supplement the kidneys. He then drew attention to the diarrhœa frequently accompanying chronic renal disease, advancing the view that it was to be regarded as a salutary action, freeing the blood from effete products, and relieving the kidneys of their work. It was rather a compensatory or vicarious excretion than a morbid process. After illustrating his view by several cases, he urged strongly that the treatment was not to arrest the alvine flow until some other channel be patent. The rational treatment, he contended, was to act freely on the skin, and to restore the action of the kidneys, and only to arrest the diarrhœa by the use of powerful astringents when the renal action was re-established, or the diarrhœa was in itself likely to prove fatal. Afterwards, the action of the skin must be fostered, and the patient protected from atmospheric changes, and treated with iron and other adjuncts to nutrition.

Syrup of Iodide of Iron and its Preservation.

M. Jeannel (*Journal de Pharmacie*) approves of the following combination for the manufacture of a solution of iodide of iron which shall remain unchanged by exposure to the air: Iodine, 8·2 parts;

iron filings, 4·2 parts; distilled water, 20·0 parts; honey, 70·0 parts; tartaric acid, 0·5 parts. Mix the iodine, iron, and water in a flask, and when combination is complete, filter the green solution, and add the honey and tartaric acid. The product will contain 10 per cent. of iodide of iron.

He also observes that the addition of one five-thousandth part of tartaric acid to syrup of iodide of iron which has become bad, renders it clear, and, at the same time, notably diminishes its inky taste.

Osseous Regeneration of Sternum.

DR. ENRICO BOTTINI communicates to the *Annali Universali di Medicina* the particulars of the case of a soldier, æt. 30, wounded in the superior region of the sternum during the Italian campaign of 1866. The ball lodged, producing caries, necessitating an operation for its removal which exposed the pleural sac, the osseous walls of the sternum having been gradually absorbed, and a prompt recovery ensued, and new osseous tissue was formed analogous, in resistance to the touch, to the rest of the sternum.

Washing the Infant.

During the past year Dr. J. K. REID introduced another new practice into the lying-in room. Instead of having the child washed, as is so universally the custom, he has it greased all over with warm lard, and laid in a blanket for a few minutes, then carefully rubbed by a soft flannel, which soon cleans it completely. This greasing and subsequent cleansing is agreeable to the child. It is not exposed to cold as it too often is in being washed. Many a time have we seen a small, feeble child shivering with cold long before the nurse was done washing it, and many a child has lost its life by the exposure and fatigue induced by its first washing. We highly approve of Dr. Reid's plan. He has already tried it in a great many cases, and we are following his example whenever we have an opportunity.—*Trans. Pa. Med. Soc.*

Reviews and Book Notices.

Secondary Degeneration of the Spinal Cord, by Ch. Bouchard. Translated from the French by Edward R. Hun, M. D. Utica, N. Y. 1869. 1 Vol. 8vo., paper, pp. 104.

This valuable essay of Bouchard on an obscure part of nervous pathology merited a translation, and the translation here offered merited better type, paper, and general "get up" as the trade say, than has been given it. We have noted a large number of typographical errors, even for a provincial press, and some errors which we fear are not typographical, as for instance on page 6, where the translator renders "*diminuerent aussi*" by "thus diminished." This looks like carelessness.

The essay itself is profound, based on extensive reading and close observation, and we recommend its perusal.

A Treatise on the Diseases and Surgery of the Mouth, Jaws, and associate parts. By James E. Garretson, M. D., D. D. S., etc. Illustrated with steel plates and numerous wood cuts. Philadelphia: J. B. Lippincott, & Co. 1869. 1 Vol. 8vo. Cloth. Pp. 700.

Dr. Garretson is known to the readers of this journal as a diligent student of oral surgery. In this volume he has summed up the results of an experience of unusual extent, and has erected a permanent monument to his industry and skill.

The contents are varied, embracing a description of all the diseases and operations which are performed upon the mouth, a full description of the first and second dentition with their associated lesions, caries, odontalgia, salivary calculi, the extraction of teeth, general and local anæsthesia, the tonsils and gums with their diseases, tumors in the mouth, epulides and epithelioma, neuralgia, ozæna, fractures and dislocations of the maxillary bones, the tongue and its maladies, aphthæ, ranula, palatine defects, obturators, etc. From this partial list it is obvious that the author goes into his subject with exhaustiveness, and he does his part well.

We cannot help expressing our surprise, however, that he seems to have overlooked entirely his obligations to this journal, in which the series of articles on which this work is founded was originally published. Quotations are made from original articles published by us without proper credit being awarded. This should not be.

The illustrations, print, paper, etc., of the work are satisfactory.

The History and Philosophy of Marriage; or Polygamy and Monogamy Compared. By a Christian Philanthropist. Boston: James Campbell. 1869. 1 vol., 12mo., cloth, pp. 256. For sale by Claxton, Remsen & Haffelfinger, Phila.

We have here a writer who professes to find in the teachings of the Bible the advocacy of polygamy. He writes well, makes an interesting book, and displays considerable ingenuity in weaving an argument out of the slender materials he has at command. In these days when woman, marriage, and generally the relations of the sexes have become such prominent topics of discussion, it is well to hear all sides and not to turn a deaf ear even to those who believe a man should have a dozen women, or a woman a dozen men, to satisfy their passions. Physiologically such people are not more astray than those sects who refrain from marriage altogether as something sinful.

The view of the author is summed up in this sentence on page 143:

"And now I think I have fairly demonstrated that the European social system of monogamy had its origin in Roman paganism, and has been perpetuated by Roman Catholicism."

If this be true, then Roman paganism has done much to atone for its imperial dissoluteness, and Roman Catholicism will have a stronger claim than ever on right thinking men. The question raised is one of sufficient interest for us to discuss it on another page.

Transactions of the Philadelphia Obstetrical Society, No. 1. New York: Townsend & Adams. Pp. 94.

This volume, the first fruits of a society which has an excellent local reputation for scientific activity, is chiefly occupied by an article on concealed accidental hemorrhage of the gravid uterus, by Dr. WILLIAM GOODELL. This is one of the most scholarly and exhaustive articles we have ever read from an American physician, and the subject of which it treats, is one of the most important of the lesser known accidents of midwifery; because it is a very dangerous and hidden complication. The other article, by Dr. HARRIS, on the Hereditary Convulsions of Infancy and Childhood, is in great part original, and very carefully prepared. These articles will give the Society an enviable reputation.

A Text Book of Practical Medicine, with particular reference to Physiology, and Pathological Anatomy. By Dr. FELIX VON NIEMEYER, Professor of Pathology and Therapeutics in Tubingen. Translated from the Seventh German edition, by special permission of the author. By G. H. Humphreys, M. D., and Charles E. Hackley, M. D. New York: D. Appleton & Co. 1869. 2 vols., 8vo.

Professor Niemeyer is one of the most distinguished of the *medecins penseurs d'outre Rhin*, as the French jealously style their rivals across the Rhine. He has long been known for his advanced views in pathology; his ability as a lecturer, and his profound acquaintance with every department of medicine; as well as the liberality of his views. The fact that in less than ten years, a large work on practice passes through seven editions in Germany, stamps it at once as one of unusual merit. But this is guaranteed by the name of the author alone.

Professor Niemeyer is an empiric, and an avowed one. He disdains and disclaims so-called "rational medicine." He aims to establish therapeusis as an "independent empirical study," and considers that the time is wasted, or nearly so, which is spent in studying the "action of medicines," and in reasoning from pathology back to treatment. He dares to say this: "in spite of new discoveries, our present success at the bedside is scarcely more favorable than that of fifty years ago;" he is not afraid to assert, that "when therapeutic laws, based upon the experience of centuries, prove false, it is due to inexact observation."

We like this. We hope the death knell of that disheartening therapeutic nihilism, which has so much prevailed in this country has sounded. We hope that a firm faith in well-tried old remedies is about to be restored. Let hysicians more decidedly assert, that *drugs will cure disease*, and not talk so much about "efforts of nature," as they have been doing.

This work of Niemeyer will go far to bring about this result; it teaches sound doctrine and sound practice. The translation is well made, and the paper and print are good. The volumes are worth their price, and we repeat our hope, that they will deal a severe blow at nihilism in this country.

A Course of Practical Chemistry Arranged for the use of Medical Students, by William Odling, M. B., F. R. S., etc. With illustrations. From the fourth London edition. Philadelphia: H. C. Lea. 1869. 1 vol. 8vo. cloth. Pp. 261.

An examination of this text-book convinces us that it will be a popular and useful one. It is not a deliberate treatise like that of Fownes, but a manual for the analysis and chemical examination of poisons, pathological matters, etc., which present themselves from time to time to the physician. Its style is clear and plain, the obscure nomenclature and symbolism which darken many chemical works very unnecessarily, being carefuily avoided. We do not indeed know a more handy book of the kind for ordinary office use.

Transactions of the Medical Society in the State of Pennsylvania at its Twentieth Annual Session, June, 1869. Published by the Society. Philadelphia: 1869. 1 vol. Paper. Pp. 567.

The minutes of the Society, which commence this volume, we have already given at the time of the session, as well as some extracts from the address of the President. Two of the Reports of Committees refer to the use of alcohol, one being on intemperance as a disease, the other on the use of stimulants by the profession. Both take strong grounds against the employment of this agent in any form as being injurious.

The report on the inspection of drugs is accompanied by a memorial and a draft of an Act; the latter instrument urging the appointment of an inspector with an office in Philadelphia, to examine and analyze suspected drugs.

The report on the training of nurses by Dr. S. D. Gross, read before the Amer. Med. Assoc., is a suggestive paper. Dr. Lee contributes a description of a new instrument for treating lateral curvature of the spine. Thirty counties sent in reports which are published, some of them very interesting. Montgomery county "comes in strong" as usual. We shall make extracts elsewhere from several of these reports, which, in the main, reflect very creditably on the profession in Pennsylvania, and indicate a lively interest in the progress of medical science.

——THE Society for the Protection of Children in Paris offers a prize of 500 francs to the author of the best "Guide to Mothers and Nurses," written in the French language.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 16, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the MEDICAL AND SURGICAL REPORTER began on July 3rd. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for* PAYMENT IN ADVANCE.

We can still supply a few *complete sets or volumes* from the commencement, bound or unbound. *They should be applied for soon, as they will soon be exhausted.*

ONE OR MANY WIVES.

Elsewhere in this number we give a brief review of a work just written by "A Christian Philanthropist" advocating polygamy. We do not concern ourselves now to inquire whether this little volume is the *jeu d'esprit* of some sensational writer, the defence of some secret Mormon, a covert attack upon Protestant theology, or a sincere statement of convictions. We shall take it for the latter, according to its own assertion, and deem it worthy an especial consideration, not that many converts are likely to this view, but because the volume is one of numerous indications visible in this country that the divine institution of marriage is not rightly understood by the intelligent public, and that if this ignorance grows, very serious consequences may in time be expected.

For instance there is a weekly paper in New York city, and another in Chicago, edited by women, both of which avowedly or tacitly oppose themselves to permanent marriage. Several States of our Union have passed divorce laws so lax that they have become a by-word over the whole land. We have sects who discountenance marriage altogether, and approve on religious grounds promiscuous intercourse, or openly proclaim in their marriage ceremonies that the union is for a limited term of years only. Other sects, on equally religious grounds (save the mark), marry a number of women to one man. An English traveller, Mr. Dixon, on visiting this country found none of our characteristics as a nation more startling than this, and offended us greatly by speaking long and plainly on the point.

It is time, therefore, that physiology says something, if she have anything to say, in support of morals on this point. The philosopher Descartes predicted that if the world was to be reformed, the science of medicine must do it. In the ominous obscuration of the religious instinct to which we now call attention, our science does come forward and speak with no uncertain sound in support of His words who said "they *twain* (not they three, or they dozen), shall be one flesh." Physiology points unmistakably to a hitherto unexplained influence which the husband exerts on the wife, the wife on the husband, and both on the child, which says as plainly as facts can say "a man's first wife, a wife's first husband, is the only one possible in the full sense of the term."

We cannot do better than quote here a passage from the work of Dr. NAPHEYS, "The Physical Life of Woman," which we reviewed in a recent number, a work elevated in its morality and generally careful in its scientific statements.

"What has been said of divorce applies with tenfold force to the custom of a woman living as wife to several men, or of a man as husband to several women. We should not speak of these customs, but that we know both exist in this country, not among the notoriously wicked, but among those who claim to be the peculiarly good—the very elect of God. They prevail not as lustful excuses, but as religious observances.

"It is worth while to say that such practices lead to physical degradation. The woman who acknowledges more than one husband is commonly sterile; the man who has several wives has usually a weakly offspring, principally males. Nature attempts to check poly-

gamy by reducing the number of females, and failing in this, by enervating the whole stock."

These are serious words drawn from a careful study of statistics, and carry with them a prediction of the fate of this nation if it allows the sacred institution of marriage to be despised or misunderstood. We would that every man and woman in the land might learn that the union of the sexes is no ephemeral partnership, but an external solidarity which none but God can sever.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 23.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

Treatment of Constitutional Syphilis.

John K. Barton, M. D., (Dub.) F. R. C. S. I., etc.

In undertaking the treatment of a case of syphilis, the object should be to remove the symptoms which are present at the time. No direct medication will drive out the poison; but its natural elimination from the system will be much favored by the removal of symptoms, and by careful attention to the general health. Bearing this in mind, the physician should insist upon such rules of hygiene as are required to maintain the vigor of the system, while he employs the so-called specifics, with an intelligent confidence, in what they are able to accomplish, viz., the removal of the effects of the virus.

In the treatment of the early stages of the disease, iron or quinine may at times be advantageously combined with some of the preparations of mercury—they are specially indicated when marked symptoms of anæmia show themselves at the commencement of the secondary period, which is very frequently the case in women. The following formulæ may be used:

234. ℞. Pillulæ hydrargyri, gr. xxv.
Ferri sulphatis exsiccatæ, gr. x.
Extracti opii, gr. v. M.

For ten pills. One to be taken once or twice a day.

℞. 235. Hydrargyri cum creta,
Quiniæ sulphatis, aa. gr. xx.
Extracti opii, gr. iij. M.

For ten pills; direct one morning and evening.

Bumstead remarks, that he believes the addition of quinine renders mercury less liable to salivate; and our author is of the same opinion.

The method of administering mercury in the early stages of syphilis, which Dr. Barton prefers, is that by means of inunction. Unfavorable cases are by no means rare, in which mercury given by the mouth disagrees, frequently causing salivation and great depression of the general health, while the syphilitic symptoms remain unaffected, or producing such irritation of the bowels as to necessitate its abandonment. It is just in such unfavorable cases that the advantages of inunction are most observable. No opium is required to prevent diarrhœa, and so the digestive organs are left unimpaired, and the stomach is left free for the use of tonics and other medicines if indicated; generally a marked improvement takes place in the appetite, as well as in the appearance and feelings of the patient, after the treatment has been employed for some time; the relief from syphilis produced by the medicine showing itself in this way. The following details must be observed.

The patient's diet and daily habits should, in the first place, be regulated; the former should consist of meat once daily, without any stimulants beyond beer or porter; sometimes better without any at all. He should keep regular and early hours, going to his bed not later than ten o'clock, and not rising before eight in the morning; during the day he may be engaged in business, if it be not of a laborious or exacting description.

Then direct,

236. ℞. Ungent. hydrargyri, ℥j.

Of this, one-half a drachm is to be rubbed in each morning after breakfast, for twenty minutes or half an hour. The morning is the best time, because the patient is then the most vigorous; and besides, if rubbed at night, the heat and perspiration produced by lying in bed will cause a considerable loss of the ointment, and the patient breathes an atmosphere loaded with mercury. Unless the full time mentioned be given to the rubbing, half the ointment will be inefficient. It is usually necessary to impress the importance of this upon the patient, who, however, in a very short time, lends a willing aid to the surgeon, finding his symptoms disappearing gradually, and his general health and strength improving rather than decreasing. The inside of the thigh and popliteal space is the region where inunction can be best practised. The patient should be

told to rub in upon each thigh upon alternate mornings, carefully washing off the old ointment with warm soap and water before commencing the new inunction; this prevents the skin becoming irritated and mercurial eczema appearing; if, however, a few scattered pustules do appear, the rubbing should be transferred to the axillæ for a time. A Turkish bath should be directed once or twice a week during the treatment. It preserves the skin from irritation by thoroughly cleansing it, facilitates the action of the mercury, and confers a sense of comfort and relief.

The effects of the treatment should be narrowly watched at first; if there is any symptom of the mouth becoming sore, the ointment should be omitted upon the alternate days for once or twice; when all signs of salivation have subsided, the full rubbing may be confidently resumed; no further tenderness of the gums will probably occur. The length of time during which inunction is to be pursued, will vary, like any other method, according to the character of the symptoms. In some cases it will require to be steadily maintained for two months or more; the guide for its discontinuance is to be the total disappearance of all the symptoms, and this will frequently not take place much under that time.

For the treatment of the tertiary stage the iodide of potassium combined with muriate of ammoniæ, to increase its action should be administered, as follows:

237. ℞. Potassii iodidi, ʒiv.
Ammoniæ muriatis, ʒij.
Tinct. cinchonæ, f.ʒiv. M.

Take a teaspoonful in a wine-glassful of water three times a day

Many cases, particularly those belonging to the first division of the tertiary stage, are most benefitted by a combination of mercury and iodide of potassium. For this purpose add to the recipe, gr. 1-16–1-12 of the corrosive chloride, or the bin-iodide of mercury to each dose.

SIR BENJAMIN BRODIE.

Our author prefers inunction for the treatment of syphilis in the infant:

238. ℞. Unguenti hydrarygri, ʒj.
Adipis, ʒj. M.

Spread over a flannel roller, and bind it around the child once a day. "The child kicks about and, the cuticle being thin, the mercury is absorbed. It does not either gripe or purge, nor does it make the gums sore, but it cures the disease."

PROF. WM. A. HAMMOND, M. D., ETC.

239. ℞. Potassii iodidi, ʒj.
Hydrargyri chloridi corrosivi, gr. vj.
Aquæ, f.ʒxij. M.

Of this mixture, a teaspoonful may be taken three times a day, till the system is well under its influence. Our author prefers this to any other form of conjoining mercury with iodine. Gradually increase the dose, so that after twenty or thirty days, a quarter of a grain of corrosive sublimate is taken three times per day. He has never seen salivation induced by the plan, although he has kept it up continuously for six and eight months at a time.

PROF. EDWARD LAUGLBERT, ETC. PARIS.

240. ℞. Ammonii iodidi, gr. ij.
Mucilage, q. s. M.

For forty pills. Take from two to eight each day.

241. ℞. Potassii iodidi, gr. v.
Extracti gentianæ, gr. v.
Pulveris althææ, q. s. M.

For forty pills. Take from five to twenty each day.

DR. FELIX VON NIEMEYER, Professor of Pathology and Therapeutics, Director of the Medical Clinic of the University of Tubingen.

242. ℞. Hydrargyri chloridi corrosivi, gr. v.
Pulv. extracti glycyrrhizæ, q. s. M.

For twenty pills. One ter die.

PROF. J. LEWIS SMITH, M. D., NEW YORK.

In infantile syphilis, the following formulæ may be employed.

243. ℞. Hydrargyri cum creta, gr. iij-vj.
Sacchari albi, ℈j. M.

Divide into twelve powders. One to be taken three times daily.

244. ℞. Hydrargyri chloridi corrosivi, gr. j-ij.
Syr. sarsparillæ comp., fʒij.
Aquæ, fʒviij. M.

One teaspoonful ter die.

Mercury, in whatever form employed, should not be discontinued entirely till several weeks after the syphilitic symptoms in the child have disappeared; it is proper to continue it for a time, in diminished quantity, after the health seems fully restored.

When the mercurial is omitted, tonics are often required. The preparations of cinchona are useful in cases, as are also those of iron. The liquor ferri iodidi is especially useful in this class of cases.

Popular Ignorance of Medicine.

A recent number of the New York *Nation* contains this pregnant sentence: "The greatest difficulties in the physician's practice arise from the dense ignorance of even the best classes of society as to the nature and cause of disease and the effects of misconduct, and it is deeply to be regretted that medical reading does not form some part of every person's self-culture or education."

Who is to blame that it does not form some part? None so much as physicians themselves. There is on the part of a number of medical men a jealousy about imparting information on medicine. They fear it may hurt their practice, perhaps, but they *say* the public may be injured by it. The success of quacks and charlatans is in direct proportion to the

ignorance of a community on medical matters, and they always succeed best in those branches of medicine where sound instruction is most carefully withheld. Let physicians learn, that truth is no more to be feared in physiology than in religion.

Correspondence.

DOMESTIC.

A Singular Case—Lack of Osseous Development.

EDS. MED. AND SURG. REPORTER:

Sarah E. M.; 21 years old next November; 33 inches in height; circumference of waist 25½ inches; large head, occipito-frontal circumference of which is 24 inches; diameter from occiput to forehead 9¾ inches, transverse diameter 7¾ inches; length of foot 5⅝ inches; circumference around instep 8¼ inches; weight 75 pounds. Humerus, radius, and ulna perfectly hard and bony; first and second phalanges of the fingers are substantial bone; the third phalanx and the tips of the fingers are in great part cartilaginous, the central part of the length being bony, and the extremities cartilage. What should be the *bones* of the wrist, are soft cartilage; bones of the leg hard and firm, except the lower ends, which seem to be cartilaginous. The tarsus is composed of soft cartilage, with small portions of bone in the centre. The metatarsal bones and the first and second phalanges are hard; beyond that is nothing but cartilage. She can turn her hands backward and lay them flat on her arms. Can reverse her feet, and stand with the upper part of them on the floor. The clavicle and scapula are bone; the sternum presents the appearance of being turned upside down. I could not distinguish the spinous processes of the vertebræ, owing to her being very fleshy; but from her inability to retain her head upright (it leans backward) and her complaining of weak back, I think there is a deficiency of bone, and a surplus of cartilage. She looks like a very short, wide sack, upright, with a large head stuck on it. Is perfectly healthy, menstruates regularly, and has done so for three years back; breasts rather small; cannot walk far without great fatigue. Appears to be no more than twelve or fifteen years old; is quite lively and intelligent; her mother and dead brother had hare lip, so also had her mother's brother, and their mother and brothers. She has a younger sister more helpless than herself; all of her family, with the above exceptions, are perfectly healthy on the side of both parents for two or three generations, as I know them personally. I would not have said so much about *bone*, but for the reason that she has been pronounced by some Physicians to be perfectly boneless. Some say it is "hard gristle," but I am satisfied that there is a considerable quantity of bona fide osseous matter in her frame, which, after her death, I believe, can be demonstrated.

F. A. ROOP, M. D.

Galestown, Md.

NEWS AND MISCELLANY.

The Effects of Hashish.

A writer in *Appleton's Journal* of September 4, 1869, quoted by the *N. Y. Medical Journal*, thus describes the effects experienced from the use of this drug:

I have often taken the drug, rather for curiosity to discover what its attractions might be, than for aught of pleasurable excitement I ever experienced. The taste of the potion is exactly what a mixture of milk, sugar, pounded black pepper, and a few spices would produce. The first result is a contraction of the nerves of the throat, which is anything but agreeable. Presently the brain becomes affected; you feel an extraordinary lightness of head, as it were; your sight settles upon one object, obstinately refusing to abandon it; your other senses become unusually acute—uncomfortably sensible—and you feel a tingling which shoots like an electric shock down your limbs till it voids itself through the extremities. You may stand in the burning sunshine without being conscious of heat, and every sharp pain is instantly dulled. Your cautiousness and your reflective organs are painfully stimulated; you fear every thing and everybody, even the man who shared the cup with you, and the servant who prepared it; you suspect treachery everywhere, and in the simplest action detect objects the most complexedly villainous. Your thoughts become wild and incoherent, your fancy runs frantic. If you happen to exceed a little, the confusion of your ideas and the disorder of your imagination will become intense. I recollect on one occasion being persuaded that my leg was revolving upon its knee as an axis, and could distinctly feel as well as hear it strike against and pass through the shoulder during each revolution. Any one may make you suffer agony by simply remarking that a particular limb must be in great pain, and you catch at every hint thrown out to you, nurse it and cherish it with a fixed and morbid eagerness that savors strongly of insanity. This state is a very dangerous one, especially to a novice; madness and catalepsy being by no means uncommon terminations to it. If an assembly are under the influence of the drug, and a single individual happen to cough or laugh, the rest, no matter how many, are sure to follow his example. The generally used restoratives are a wineglassful of pure lemon-juice, half a dozen cucumbers eaten raw, and a few puffs of the hookah; you may conceive the state of your unhappy stomach after the reception of these remedies. Even without them

they generally suffer from severe indigestion, for, during the intoxication, the natural hunger which the hashish produces excites you to eat a supper sufficien for two days under ordinary circumstances.

The Wall Eye.

The *British Medical Journal* has the following note on the wall-eye:

The "wall-eye" is simply a light blue or almost white iris. In the case of a white pony in which we examined it, the inner circle of the iris was of its usual dark brown almost black color, next to it outwards was a circle of bright blue, and outermost of all was dead white. The sclerotic was pigmented as usual, and the margins of the eyelids. It was the left eye that was blue; the right was as dark as usual, and showed no peculiarity. The animal was white, and on both sides the eyelashes were white, although the edges of the lids were almost black. The pony was believed to see as well with one eye as with the other; and its owner, an accomplished veterinary surgeon, held that a wall eye was no detriment, that it was not liable to any special disease, and wore well. He thought it more common for the peculiarity to be unsymmetrical than otherwise. He could not give me any facts as to hereditary transmission. Such marked deviations from symmetry as for one eye to be very dark and the other very light, are, we believe, never witnessed in the human subject; but lesser degrees are not very uncommon, and of special interest because certain facts have been recorded tending to show that eyes, odd as regards color, are not unfrequently odd also as regards refractive power, and in their tendencies to disease. An explanation of the non-occurrence of such marked contrasts in man may, perhaps, be suggested in the infrequency with which intermarriage takes place between individuals differing as regards pigmentation to the same extent as a white and black horse. This is, however, mere conjecture, and we are not aware of any fact supporting the belief that trides of different color are more common among half-castes than amongst others.

Mortality in Hungary.

The Hungarian bills of mortality do not give a favorable idea of the sanitary condition of that country. The *Neue Freie Presse* observes on this subject: "Of 100,000 inhabitants 2,000 die annually in England, 2,380 in France, 2,220 in Belgium, 2,900 in Prussia, 4,500 in the Austrian monarchy, and in all Hungary 4,540; but in Siebenburgen the number is only 3,097, and in the German part of the Banate 4,200, so that in the Magyar part of the country the proportion is 5,240, or about two and a half times as great as is in England. The high rate of mortality among the male population is not less surprising. While in the entire Austrian monarchy 10,570 males die for every 10,000 females, the proportion in Hungary is 10,958 males and in the Magyar parts of the country the average is so high as 10,700." The Austrian journal believes that with a little attention to hygiene Hungary might easily support three times as many inhabitants as England, whereas, in consequence of apathy and ignorance, the population is not near half so numerous as that of Great Britain.

Life—Death.

The following characteristic note, which has a special interest for medical men, the New York *Medical Journal* takes from the *American Literary Gazette and Publishers' Circular*:

DR. MANDL recently had photographed a German picture of the sixteenth century, which on one side of the panel represented a most lovely face of a young girl literally radiant with life. On the other side was a hideous skull. He sent a copy of it to M. Victor Hugo, and asked him to put into French verse the German lines on both sides of the picture. M. Hugo replied: "Dear Doctor: Your valuable present has reached me. A true message of a philosopher to a poet. Death must fear you who cure, and must love me who hope. The lines you desire sprang forth on mere sight of the picture. Your two mysterious quatrains are echoed in two tercets. These:

FRONT.

Chapeau de perles, fleurs et parfums, O printemps!
Je suis belle.—On est belle, helas! pour peu d'instants.
Comme c'est vite fait de respirer des roses!

BACK.

Me voici rentree, ame, au gouffre obscur des choses.
Mon amant, rejoins-moi dans la tombe, autre hymen.
Ce qu'aujourd'hui je suis, tu le serais demain!

I have obeyed. Thanks. 'Tis strange, terrible, and true. I kiss Mme. Mandl's hands, and I am yours, *ex imo*.

VICTOR HUGO."

Mortality in the Army of Northern Germany.

This army consists, in round numbers, of 300,000 men. In the year 1868, the deaths comprised 114 officers, and 1344 rank and file; 134 men committed suicide. Hence it will be seen that the mortality hardly reaches one-half per cent. This proportion was almost identical with that of the former simply Prussian army—viz., 69 or 70 deaths out of 10,000 men. These are very low figures as compared with the death-ratio in other armies, the calculation being also based upon 10,000 men. In Russia the proportion is 390, in Italy 150, in Belgium 145. The advantage lies certainly with the army of Northern Germany.

—— Argemone Mexicana, the only papaveracea growing wild within Mexico, upon the Antilles, and in some parts of North America, furnishes a milky juice from which a substance, reacting like morphia, has been separated. The seed and the fatty oil of the same are emetic and purgative.

——Dr. KRAUS, the editor of the *Allgemeine Wiener Medizinische Zeitung*, against whom an action was brought a short time ago by Dr. Billroth, for having erroneously attributed to him (Dr. Billroth) the leaving of a piece of sponge in the abdomen of a patient after ovariotomy, has been sentenced to pay a fine of 100 florins, or to undergo twenty days' imprisonment, with costs.

——During the roasting of coffee one half of its caffeine disappears, while but a small portion is found in the volatile product. The greater part of the missing alkaloid has undergone, during roasting, a transformation into methylamine, which mostly remains behind, but a small portion being volatilized. According to Personne the tannin of coffee furnishes the nascent hydrogen, necessary for the transformation of caffeine into methylamine.

——AMONG the grants made by the British Association for the Advancement of Science, are one of £30 to Dr. Richardson, for an investigation of the physiological action of organic compounds; and one of £15 to Dr. Gamgee, for researches on the heat developed in arterialisation of the blood.

——IT was decided on Monday that the next meeting of the British Association for the advancement of Science shall be held in Liverpool, under the presidency of Professor Huxley. Invitations were also received from Edinburgh, Brighton, Bradford, and Belfast. The contest ultimately lay between Liverpool and Edinburg; the former gaining the victory by a majority of 91 votes against 86.

—— Dr. Charles A. Shaeffer, after spending two and a half years in the prosecution of scientific study in German Universities, has returned to his native land, and has been elected Professor of Analytical Chemistry in Cornell University at Ithaca, N. Y.

——In order to obtain the 315 grammes of nitrogenous matter which man requires daily, it would be necessary, according to Payen, to consume sixteen dozen oysters, if they should form the sole nutriment.

—— Extract of Calabar Bean, suspended in gelatine, forms convenient elastic sheets for application to the eye. The dose contained in a small piece should be 0.010 gr. of the bean, or 0.0005 gr. of the extract.

——A PERSON has been lately poisoned in Baltimore, Maryland, through the carelessness of a druggist, who put up a prescription with aqua ammoniæ, instead of aqua cinnamomi, as ordered in the physician's prescription.

——Prof. Buchner, in Munich, demonstrated lately again the transformation of arsenic into sulphide of that metal in cadavers of those poisoned with the acid.

——PROFESSOR GLUGE has been elected Rector of the University of Brussels.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

BURNET—BREWSTER. In Newark, N. J., Oct. 6th, by Prof. John DeWitt, D. D., of New Brunswick, assisted by Rev. Arthur Potts, of Morrisania, N. Y., Dr. James B. Burnet, and Maria L., only daughter of the late U. B. Brewster, Esq., all of Newark.

CHAFFEE—MOSHER. In Rochester, Vermont, in the Cong'l church, Sept. 23d, by Rev. Geo. S. Guernsey, assisted by the Pastor, and Rev. G. M. Harman, Dr. Charles W. Chaffee, of Chicago, Ill., and Miss Diana R. Mosher, of Rochester.

KNOX—HARTWELL. Sept. 30, at the residence of the bride's parents, by the Rev. John P. Knox, assisted by the Rev. Dr. Mesick, James S. Knox, M. D., and Elizabeth C., only daughter of S. T. Hartwell of Somerville, N. J.

LEE—STEVENSON. At the house of the bride's parents, Mechanicsville, Saratoga Co., N. Y., Sept. 22, 1869, by Rev. J. W. Carhart, D. D., Dr. Frank K. Lee, and Sarah E., daughter of W. H. Stevenson, Esq., all of Mechanicsville.

PINKERTON—LATTA. On the 28th ult., at Parkesburg, Chester county, Pa., by the Rev. J. M. Crowell, D. D., assisted by the Rev. J. J. Pomeroy, James Crowell Pinkerton, of Philadelphia, and Jennie S., daughter of William Latta, M. D.

WALTON—THOMPSON. In New York, Sept. 25, at Trinity Church, West 25th street., by Rev. A. St. Leonard, Henry C. Walton, M. D., of that city, and Emily Jane, eldest daughter of the late Captain Thompson, of Liverpool, England.

WEST—WOODS. Sept. 16, in the Presbyterian church, Martinsville, O., by Rev. G. W. Chalfant, assisted by Rev. James Alexander, D. D., John E. West, M. D., of St. Clairsville, O., and Miss Annie U. Woods, of Martinsville.

WILSON—MCCULLOUGH. Sept. 22, at the residence of the bride's mother, Dr. Thomas H. Wilson, of Dennison, and Miss Hattie McCullough, of Urichsville, O.

DIED.

CHASE. In Springfield, Vt., Sept. 25th, Mrs. Eliza Walker, wife of Dr. Leonard Chase, and daughter of the late Leonard Walker, Esq., aged 67 years.

CLARK.—In St. Louis, Mo., September 27, Dr. Joseph J. Clark, aged 62 years.

QUERIES AND REPLIES.

Dr. G. H. L., Ala.—We will bind the REPORTER for you in plain library style, half sheep, at $1 per volume. But the expressage would cost too much. We will send the COMPENDIUM for 1868 and 1869, bound in two volumes, cloth, for $7.50. Will not send COMPENDIUM for 1869 till we hear in regard to binding it.

Dr. W. McN., Pa.—Operate on your case of hare-lip at once. Pare the edges of the fissure in the palate.

Dr. W. B. W., Ark.—The cost of Virchow's Cellular Pathology is $5.

METEOROLOGY.

SEPT.	27,	28,	29,	30,	O. 1,	2,	3,
Wind.....	N.W.	N. W.	N. W.	S. W.	S. W.	S. E.	N. E.
Weather.	Clear	Clear white frost	Clear	Clear	Clear	Clear	Cl'dy Rain
Depth Rain							5 in.
Thermom...							
Minimum..	49°	39°	44°	45°	47°	54°	55°
At 8, A. M.	56	50	52	57	58	59	72
At 12, M...	60	59	66	67	73	68	65
At 3, P. M.	60	60	68	69	74	70	65
Mean.....	56.25	52.	57.50	59.50	63.	62.75	64.25
Barometer..							
At 12, M...	30.1	30.2	30.2	30.2	30.2	30.2	30.6

Germantown, Pa. B. J. LEEDOM.